STCC
Springfield Technical Community College

Springfield Technical Community College
School of Health & Patient Simulation
Healthcare Experience Verification Form

 *This **PRINTABLE form** must be **MAILED or EMAILED** to the Admissions Office along with the checklist*

Admissions Office
Springfield Technical Community College
One Armory Square-PO Box 9000
Springfield, MA 01102-9000
Admissions@stcc.edu

This form is intended for applicants to verify healthcare experience for consideration in the application process for the School of Health and Patient Simulation programs. If applicants have employment experience with more than one position, please list the most relevant position. This form must be submitted in order to receive credit for healthcare experience.

TO BE COMPLETED BY APPLICANT

STCC Student ID Number (if applicable)_____

Name of Applicant_____

Name of Program you are applying to_____

Place of Employment_____

Position Title_____

APPLICANTS SIGNATURE_____

TO BE COMPLETED BY APPLICANT'S EMPLOYER

 I understand that the above-named applicant is applying to Springfield Technical Community College and I am verifying this applicant's employment for the position indicated above.

Place of Employment_____Dates of Employment_____

Position Title_____Hours/week_____

Position Description (you may also attach a position description on a separate sheet or use the reverse side of this form):

Name of Supervisor/Employer _____

Signature of Supervisor/Employer _____

Supervisor/Employer Email Address_____Phone_____